

**Cabinet for Health and Family Services  
Office of Health Policy  
Data Advisory Subcommittee  
Monday, July 12, 2010  
1:00 PM – 3 PM  
Distance Learning Center, Suite B**

**Agenda**

- I. Welcome and Opening Remarks
- II. Approval of Minutes (March 18, 2010)
- III. Status of Data Submissions for Ambulatory Facilities
- IV. Discuss Draft Free-Standing Ambulatory Facility Report
- V. Update on IPOP Implementation
- VI. Status of new Data Reporting Manuals and update to Data Reporting Regulation
- VII. Discuss Emergency Department Utilization Report
- VIII. Adjourn

**Cabinet for Health and Family Services  
Office of Health Policy  
Data Advisory Subcommittee  
Thursday, March 18, 2010  
1:00 PM – 3:00 PM  
CHFS Public Health Auditorium, Suite A**

**MEMBERS PRESENT:**

Hope Barrett (on behalf of Louis Kurtz)  
Dept. for Behavioral Health,  
Developmental and Intellectual  
Disabilities

James Berton  
King's Daughters Medical  
Center

Sherill Cronin, Ph.D.  
Bellarmine University

Ron Crouch  
Education and Workforce  
Development Cabinet

Tracy Jewell (on behalf of  
Dr. Ruth Shepherd)  
Department for Public Health

Dr. John Lewis

Tim Marcum  
Baptist Hospital East

Chuck Warnick  
Kentucky Hospital  
Association

Ben Yandell  
Norton Healthcare

**MEMBERS ABSENT:**

Carol Ireson  
University of Kentucky

**STAFF:**

CHFS, Department for Public Health

Dr. Kraig Humbaugh

Charles Kendell

Sivaram Maratha

Office of Health Policy

Carrie Banahan

Kris Hayslett

Beth Morris

Chandra Venettozzi

Mental Health, Developmental Disabilities, and Addiction Services  
Hope Barrett

**GUESTS:**

Voin Barker, Office of Insurance

Paige Franklin, Kentucky Hospital Association

Melanie Moch, Kentucky Hospital Association

Mike Singleton, Kentucky Injury Prevention and Research Center

April Smith, Office of Administration and Technology

Sarah Walsh, Kentucky State Data Center

**CALL TO ORDER**

Charlie Kendell called the meeting to order in the CHFS Public Health Auditorium, Suite A, Frankfort.

## **WELCOME AND OPENING REMARKS**

Charlie welcomed the subcommittee and guests.

## **APPROVAL OF MINUTES**

Minutes from the meeting of December 16, 2009, were approved as distributed.

## **STATUS OF DATA REPORTING REGULATION**

The data reporting regulation that was filed last fall was heard by ARRS in January. In February, Health and Welfare did not include the legislation in its agenda. The regulation became final on March 5.

## **STATUS OF DATA REPORTING FOR AMBULATORY FACILITIES**

Since our last meeting, we have had a few more facilities that have begun reporting. There are 28 ambulatory surgery centers that are required to submit data. As of 4<sup>th</sup> quarter 2009, there are 17 facilities, or 61%, that are submitting data. There are currently seven facilities, or 25%, that are testing and/or plan to begin submitting data shortly. There are four remaining facilities. One facility is in discussions with their vendor and the other three facilities have significant problems that will require additional intervention and assistance from KHA.

The second step to begin collecting data from ambulatory facilities was to contact ambulatory care centers (ACC), specialized medical technology service (SMTS), and mobile health services (MHS). There are a total of 18 of those that need to start reporting. The two ambulatory care centers are in the process of changing their license to a network license rather than an ambulatory care center. Once that is complete, they will not be required to report. That leaves 16 facilities that will be reporting. Two facilities are now submitting and four more will be submitting data for 1<sup>st</sup> quarter 2010. Of the remaining 10 facilities, they are progressing with the exception of one.

## **KHA DATA COLLECTION CONTRACT**

The KHA data collection contract was finalized February 8. There is now a contract for the data collection for calendar years 2010 and 2011. The contract is no longer on a per record basis but on a services provided basis.

## **UPDATE FROM KHA**

### **A. INTRODUCE NEW STAFF**

Chuck Warnick introduced Melanie Moch, who has joined KHA as the Director of Data Collection. She joined the staff on March 1. Melanie came from a rehab services background in Bowling Green, KY, where she oversaw 6 rehab facilities, both on the inpatient and outpatient side. She also has her coding certificate and is a certified professional coder.

Melanie will be looking at the data when the new system for KHA is implemented. She is currently working on the manual that will be given to all the hospitals. She will also be able to provide training for the new system to hospitals.

#### **B. KHA/STATE DATA COLLECTION PROGRAM**

KHA is moving ahead with the data collection implementation. The programming staff is continuing to look at the edits and they are working closely on the five different formats that facilities will use to submit the data. They have asked all facilities if they would voluntarily send a batch file to the KHA secure website so that they can have the programming staff look at those batch files to make sure there aren't any facility-specific anomalies in the batch files. Chandra has been reviewing the edits that they have so far. Melanie is currently working on the training manuals and KHA should be able to begin training in May through a webinar.

#### **PATIENT IDENTIFIERS/E-HEALTH**

During the last meeting, several people expressed interest in adding a patient identifier to the data submitted in order to track readmissions. One of the recommendations is that we talk to the E-Health people because they currently have plans to develop a patient identifier. As data is fed into E-Health, this patient identifier will be created. There is a unique identifier that identifies a person without knowing who that person is.

Charlie introduced April Smith from the Office of Administrative and Technology Services. April provided an overview of Kentucky Health Information Exchange. The core functionality of the KHIE is being funded by a Medicaid transformation grant that the state has had for 3 years. The way that exchange will be implemented is that there will be 3 levels of connectivity to health information exchange for providers in Kentucky. These levels are silver, gold and platinum. At the silver level, which will go live April 1, a provider will be able to query the exchange and access the master patient index for patients that are known to that provider. The central record locator service checks data sources to determine what is known about that patient. That data is contained in a temporary cache and a continuity of care document (CCD) is returned to the querying provider or organization. The CCD will be based entirely on Medicaid claims data for the first stage of development. It is a .pdf

document that contains segments of information related to previous encounters, prescription history, immunizations, etc. At the gold level, a provider will be able to query the system and the record locator service will know that the provider owned information about that patient so if another provider is looking for it there will be two-way communication. The platinum level will move to XDS or cross-document sharing. That is the standard that all Health Information Exchanges are hoping to achieve. That is done with either a repository that each provider or hospital has that contains pointers to other forms of documents such as x-rays. It is a much broader form of exchange. Policies surrounding the use of the Health Information Exchange is going to be developed between now and the end of August.

The system chosen for the master patient index is VisionWare. It is a sophisticated, algorithm-driven master patient index. It has a soundex match, name, address, social security number, and gender, etc. Identities are not merged but linked. All of those identities remain known to the system. There will be a 24/7 helpdesk because for the life of the system, the Health Information Exchange will have data stewardship responsibility.

The policy around patient consent is not in place yet. Direct Inform, which is a personal health record that the patient can access and manage their own consent by facility, will be used.

Following the first benchmark of April 1, pilot hospitals will be testing with dummy data. Actual testing with PHI until participation agreements are signed. Once there is connectivity with the hospitals, there is also a tool call called Direct Access, which any physician in the state could use free of charge if they chose to do so. It is a web browser based view of used to query their own patients and upload some data. That will be used to test the integrity of the data as it goes back and forth between the hospitals.

### **DATES FOR NEXT MEETINGS**

The next meeting dates are as follows: June 15, September 14, December 14. These meetings will be in Suite C, CHFS Public Health Auditorium.

### **ADJOURN**

The meeting was adjourned.